STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155327	A. BUILDING _____ B. WING _____	C 03/11/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY HEIGHTS HEALTH AND LIVING COMMUNITY INC	1380 E COUNTY LINE RD S INDIANAPOLIS, IN 46227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		

This visit was for the investigation of complaint numbers IN00086393 and IN00086955.

This visit was in conjunction with the Post Survey Revisit [PSR] to the Investigation of Complaint Number IN00085599 completed on 2/8/11

This visit was in conjunction with the PSR to the Recertification and State Licensure Survey and Investigation of Complaint Number IN00084479 completed on 1/7/11.

Complaint number IN00086393 substantiated, no deficiencies related to the allegations are cited.

Complaint number IN00086955 unsubstantiated, due to the lack of evidence.

Survey dates: March 8, 9, 10, and 11, 2011

Facility number: 000220
Provider number: 155327
AIM number: 100267650

Survey team:
Marcy Smith RN TC (March 8, 10, & 11, 2011)
Rhonda Stout RN
Leia Alley RN
C. Diane Dierks RN (March 9 & 10, 2011)

Census bed type:
SNF: 23
SNF/NF: 132
Total: 155

Census payor type:
Medicare: 25
Medicaid: 104

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155327	A. BUILDING _____ B. WING _____	C 03/11/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY HEIGHTS HEALTH AND LIVING COMMUNITY INC	**1380 E COUNTY LINE RD S INDIANAPOLIS, IN 46227**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	Continued From page 1 Other: 26 Total: 155 Sample: 4 University Heights Health and Living Community was found to be in compliance with 42 CFR part 483, subpart B and 410 IAC 16.2 in regard to the Investigation of Complaint Number IN00086393 and the Investigation of Complaint Number IN00086955. Quality review completed 3-15-11 Cathy Emswiller RN	F 000		